

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
	<i>CH</i>	<i>62614</i>	<i>12/10/99</i>
FEE DETERMINATION			
O.I.P.E. CLASSIFIER		8	12-1799
FORMALITY REVIEW			
RESPONSE FORMALITY REVIEW		<i>65372</i>	<i>1-10 00</i>

INDEX OF CLAIMS

✓	Rejected	N	Non-elected
=	Allowed	I	Interference
-	(Through numeral)... Canceled	A	Appeal
+	Restricted	O	Objected

Claim	Date
Final	
Original	
1	✓
2	✓
3	✓
4	✓
5	✓
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Claim	Date
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If more than 150 claims or 10 actions  
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